

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)

2 Total pages filed:

17

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

M J.
Khan

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

6289 Wilcrest #6103

Houston, TX 77072

☐ Change of Address

5 CANDIDATE /
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(713) 861-0902

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Daniel
Arna

7 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

7747 Kirkwood Dr. #204, Houston, TX 77072

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(281) 564-9800

9 REPORT TYPE

☐ January 15

☐ 30th day before election

☐ Runoff

☐ 15th day after campaign treasurer appointment (officeholder only)

☒ July 15

☐ 8th day before election

☐ Exceeded \$500 limit

☐ Final report (Attach C/OH - FR)

10 PERIOD
COVERED

Month Day Year

THROUGH

Month Day Year

1 / 1 / 06

6 / 30 / 06

11 ELECTION

ELECTION DATE

Month Day Year

ELECTION TYPE

☐ Primary

☐ Runoff

☐ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Houston City Council, Dist F

14 NOTICE
OF DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS

** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

☐ additional pages

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS****FORM C/OH
COVER SHEET PG 2****15 C/OH NAME**MJ Khan**16 ACCOUNT # (Ethics Commission files)****17 NOTICE
FROM
POLITICAL
COMMITTEE(S)**

**** This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ****

COMMITTEE TYPE☐ GENERAL☐ SPECIFIC**COMMITTEE NAME****COMMITTEE ADDRESS****COMMITTEE CAMPAIGN TREASURER NAME****COMMITTEE CAMPAIGN TREASURER ADDRESS**☐ additional pages**18 CONTRIBUTION
TOTALS**

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 20,525.00

**EXPENDITURE
TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 30.00

4. TOTAL POLITICAL EXPENDITURES

\$ 16,670.33

**CONTRIBUTION
BALANCE**

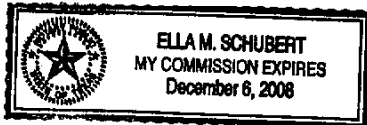
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 37,476.85

**OUTSTANDING
LOAN TOTALS**

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

MJ Khan
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said MJ Khan, this the 17th day of July, 2006, to certify which, witness my hand and seal of office.

Ella M. Schubert
Signature of officer administering oath

Ella M. Schubert
Printed name of officer administering oath

Notary public
Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

| | |
|---|---|
| The Instruction Guide explains how to complete this form. | Total pages this Schedule A: pg 1 of 9 |
| FILER NAME: MJ Khan | ACCOUNT # (Ethics Commission filers) |

| | | | |
|---|---|---|---|
| Date 1-18-2006 | Full name of contributor out of state PAC ID# _____ Janiece Longoria | Amount of contribution (\$) \$500.00 | In-kind contribution description (if available) |
| | Contributor address; City, state, zip code [REDACTED] [REDACTED] | | |
| Principal occupation Job title (See Instructions) Attorney | | Employer (See Instructions) Ogden, Gibson, White, Brooks & Longoria, LLP | |

| | | | |
|---|---|---|---|
| Date 2-24-2006 | Full name of contributor out of state PAC ID# _____ Houston Firefighters PAC | Amount of contribution (\$) \$3,000.00 | In-kind contribution description (if available) |
| | Contributor address; City, state, zip code [REDACTED] [REDACTED] | | |
| Principal occupation Job title (See Instructions) | | Employer (See Instructions) | |

| | | | |
|---|--|---|---|
| Date 2-24-2006 | Full name of contributor out of state PAC ID# _____ Andrews & Kurth Texas PAC | Amount of contribution (\$) \$1,000.00 | In-kind contribution description (if available) |
| | Contributor address; City, state, zip code [REDACTED] [REDACTED] | | |
| Principal occupation Job title (See Instructions) | | Employer (See Instructions) | |

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|--|--|--|---|
| Date 2-24-2006 | Full name of contributor out of state PAC ID# _____ Mike Garver | Amount of contribution (\$) \$1,000.00 | In-kind contribution description (if available) |
| | Contributor address; City, state, zip code [REDACTED] [REDACTED] | | |
| Principal occupation Job title (See Instructions) General Partner | | Employer (See Instructions) BRH-Garver Construction, LP | |

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|---|--|---|---|
| Date 2-24-2006 | Full name of contributor out of state PAC ID# _____ Fulbright & Jaworski L.L.P. Texas Committee | Amount of contribution (\$) \$500.00 | In-kind contribution description (if available) |
| | Contributor address; City, state, zip code [REDACTED] [REDACTED] | | |
| Principal occupation Job title (See Instructions) | | Employer (See Instructions) | |

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

| | |
|---|---|
| The Instruction Guide explains how to complete this form. | Total pages this Schedule A: pg 2 of 9 |
| FILER NAME: MJ Khan | ACCOUNT # (Ethics Commission filers) |

| | | | |
|--|---|---|---|
| Date 2-24-2006 | Full name of contributor out of state PAC ID# _____ Dr. A.S. Nakadar | Amount of contribution (\$) \$250.00 | In-kind contribution description (if available) |
| | Contributor address; City, state, zip code [REDACTED] | | |
| Principal occupation Job title (See Instructions) CEO | | Employer (See Instructions) Muslim Media Network | |

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|--|--|---|---|
| Date 2-25-2006 | Full name of contributor out of state PAC ID# _____ Dr. J.S. Wilkenfeld | Amount of contribution (\$) \$250.00 | In-kind contribution description (if available) |
| | Contributor address; City, state, zip code [REDACTED] [REDACTED] 77055 | | |
| Principal occupation Job title (See Instructions) Pathologist | | Employer (See Instructions) Self | |

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|--|--|--|---|
| Date 2-25-2006 | Full name of contributor out of state PAC ID# _____ Robert Zollars | Amount of contribution (\$) \$250.00 | In-kind contribution description (if available) |
| | Contributor address; City, state, zip code [REDACTED] 30044 [REDACTED] 30044 | | |
| Principal occupation Job title (See Instructions) President | | Employer (See Instructions) Huitt-Zollars | |

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|---|---|--|---|
| Date 2-27-2006 | Full name of contributor out of state PAC ID# _____ Thomas Gee | Amount of contribution (\$) \$50.00 | In-kind contribution description (if available) |
| | Contributor address; City, state, zip code [REDACTED] | | |
| Principal occupation Job title (See Instructions) | | Employer (See Instructions) | |

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|--|--|---|---|
| Date 2-27-2006 | Full name of contributor out of state PAC ID# _____ Gerald E. Wilson | Amount of contribution (\$) \$100.00 | In-kind contribution description (if available) |
| | Contributor address; City, state, zip code [REDACTED] 500 [REDACTED] | | |
| Principal occupation Job title (See Instructions) Owner | | Employer (See Instructions) | |

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

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|---|---|
| The Instruction Guide explains how to complete this form. | Total pages this Schedule A: pg 3 of 9 |
| FILER NAME: MJ Khan | ACCOUNT # (Ethics Commission filers) |

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|--|---|---|---|
| Date 3-1-2006 | Full name of contributor out of state PAC ID# _____ Dr. Neelofur Ahmad | Amount of contribution (\$) \$500.00 | In-kind contribution description (if available) |
| | Contributor address; City, state, zip code [REDACTED] | | |
| Principal occupation Job title (See Instructions) Physician | | Employer (See Instructions) Self | |

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|--|---|--|---|
| Date 3-1-2006 | Full name of contributor out of state PAC ID# _____ Steven Finkelman | Amount of contribution (\$) \$250.00 | In-kind contribution description (if available) |
| | Contributor address; City, state, zip code [REDACTED] | | |
| Principal occupation Job title (See Instructions) Owner | | Employer (See Instructions) Scope Imports, Inc. | |

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|--|--|--|---|
| Date 3-1-2006 | Full name of contributor out of state PAC ID# _____ Jeanette Rash | Amount of contribution (\$) \$150.00 | In-kind contribution description (if available) |
| | Contributor address; City, state, zip code [REDACTED] | | |
| Principal occupation Job title (See Instructions) Owner | | Employer (See Instructions) Zone One Auto | |

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|--|--|--|---|
| Date 3-1-2006 | Full name of contributor out of state PAC ID# _____ Bobby Singh | Amount of contribution (\$) \$1,000.00 | In-kind contribution description (if available) |
| | Contributor address; City, state, zip code [REDACTED] | | |
| Principal occupation Job title (See Instructions) President | | Employer (See Instructions) Global Times Inc. | |

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|--|---|---|---|
| Date 3-2-2006 | Full name of contributor out of state PAC ID# _____ Dr. Hamid Razavi | Amount of contribution (\$) \$1,000.00 | In-kind contribution description (if available) |
| | Contributor address; City, state, zip code [REDACTED] | | |
| Principal occupation Job title (See Instructions) CEO | | Employer (See Instructions) Paragon Medical Mgm. | |

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

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|---|---|
| The Instruction Guide explains how to complete this form. | Total pages this Schedule A: pg 4 of 9 |
| FILER NAME: MJ Khan | ACCOUNT # (Ethics Commission filers) |

| | | | |
|---|---|---|---|
| Date 3-2-2006 | Full name of contributor out of state PAC ID# _____ Reliant Energy PAC | Amount of contribution (\$) \$1,000.00 | In-kind contribution description (if available) |
| | Contributor address; City, state, zip code [REDACTED] | | |
| Principal occupation Job title (See Instructions) | | Employer (See Instructions) | |

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| Date 3-2-2006 | Full name of contributor out of state PAC ID# _____ A.G. Abasi | Amount of contribution (\$) \$500.00 | In-kind contribution description (if available) |
| | Contributor address; City, state, zip code [REDACTED] | | |
| Principal occupation Job title (See Instructions) Banker | | Employer (See Instructions) Habib American Bank | |

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| Date 3-2-2006 | Full name of contributor out of state PAC ID# _____ Jamal Mahmood | Amount of contribution (\$) \$500.00 | In-kind contribution description (if available) |
| | Contributor address; City, state, zip code [REDACTED] | | |
| Principal occupation Job title (See Instructions) Financial representative | | Employer (See Instructions) Bleakley, Dwyer, Schwartz, Cooney & Finney, LLC | |

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| Date 3-2-2006 | Full name of contributor out of state PAC ID# _____ Sirfraz A. Khan | Amount of contribution (\$) \$500.00 | In-kind contribution description (if available) |
| | Contributor address; City, state, zip code [REDACTED] | | |
| Principal occupation Job title (See Instructions) Self-employed | | Employer (See Instructions) KASE Clothing Ltd. | |

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|---|---|--|---|
| Date 3-2-2006 | Full name of contributor out of state PAC ID# _____ Dr. Demir Karsan | Amount of contribution (\$) \$250.00 | In-kind contribution description (if available) |
| | Contributor address; City, state, zip code [REDACTED] | | |
| Principal occupation Job title (See Instructions) Engineer | | Employer (See Instructions) Paragon Engineering | |

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

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|---|---|
| The Instruction Guide explains how to complete this form. | Total pages this Schedule A: pg 5 of 9 |
| FILER NAME: MJ Khan | ACCOUNT # (Ethics Commission filers) |

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| Date 3-2-2006 | Full name of contributor out of state PAC ID# _____ M.F. Qaddumi | Amount of contribution (\$) \$250.00 | In-kind contribution description (if available) |
| | Contributor address; City, state, zip code [REDACTED] | | |
| Principal occupation Job title (See Instructions) President | | Employer (See Instructions) The Interfield Group | |

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| Date 3-2-2006 | Full name of contributor out of state PAC ID# _____ Oguz Orhon | Amount of contribution (\$) \$250.00 | In-kind contribution description (if available) |
| | Contributor address; City, state, zip code [REDACTED] | | |
| Principal occupation Job title (See Instructions) Engineer | | Employer (See Instructions) Tractabl Energy | |

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|--|--|---|---|
| Date 3-2-2006 | Full name of contributor out of state PAC ID# _____ James D. Dannenbaum | Amount of contribution (\$) \$500.00 | In-kind contribution description (if available) |
| | Contributor address; City, state, zip code [REDACTED] | | |
| Principal occupation Job title (See Instructions) President | | Employer (See Instructions) Dannenbaum Engineering | |

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|---|--|---|---|
| Date 3-2-2006 | Full name of contributor out of state PAC ID# _____ Linebarger Goggan Blair & Sampson LLP | Amount of contribution (\$) \$1,000.00 | In-kind contribution description (if available) |
| | Contributor address; City, state, zip code [REDACTED] | | |
| Principal occupation Job title (See Instructions) | | Employer (See Instructions) | |

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| Date 3-2-2006 | Full name of contributor out of state PAC ID# _____ Lisa Yoram | Amount of contribution (\$) \$50.00 | In-kind contribution description (if available) |
| | Contributor address; City, state, zip code [REDACTED] | | |
| Principal occupation Job title (See Instructions) | | Employer (See Instructions) | |

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

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|---|---|
| The Instruction Guide explains how to complete this form. | Total pages this Schedule A: pg 6 of 9 |
| FILER NAME: MJ Khan | ACCOUNT # (Ethics Commission filers) |

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| Date 3-2-2006 | Full name of contributor out of state PAC ID# _____ Zinetta Burney | Amount of contribution (\$) \$250.00 | In-kind contribution description (if available) |
| | Contributor address; City, state, zip code [REDACTED] | | |
| Principal occupation Job title (See Instructions) Attorney | | Employer (See Instructions) Burney & Foreman | |

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|--|---|--|---|
| Date 3-2-2006 | Full name of contributor out of state PAC ID# _____ Dr. Kamuran Kadipasaoglu | Amount of contribution (\$) \$250.00 | In-kind contribution description (if available) |
| | Contributor address; City, state, zip code [REDACTED] | | |
| Principal occupation Job title (See Instructions) Physician | | Employer (See Instructions) Texas Heart Institute | |

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|--|--|--|---|
| Date 3-2-2006 | Full name of contributor out of state PAC ID# _____ Gerald M. Brady | Amount of contribution (\$) \$500.00 | In-kind contribution description (if available) |
| | Contributor address; City, state, zip code [REDACTED] | | |
| Principal occupation Job title (See Instructions) Owner | | Employer (See Instructions) Liberty Cab | |

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|---|--|---|---|
| Date 3-2-2006 | Full name of contributor out of state PAC ID# _____ Farhan Shamsi | Amount of contribution (\$) \$250.00 | In-kind contribution description (if available) |
| | Contributor address; City, state, zip code [REDACTED] | | |
| Principal occupation Job title (See Instructions) Business | | Employer (See Instructions) Self | |

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|--|--|--|---|
| Date 3-2-2006 | Full name of contributor out of state PAC ID# _____ Peter Brown | Amount of contribution (\$) \$250.00 | In-kind contribution description (if available) |
| | Contributor address; City, state, zip code [REDACTED] | | |
| Principal occupation Job title (See Instructions) Councilmember | | Employer (See Instructions) City of Houston | |

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

| | |
|---|---|
| The Instruction Guide explains how to complete this form. | Total pages this Schedule A: pg 7 of 9 |
| FILER NAME: MJ Khan | ACCOUNT # (Ethics Commission filers) |

| | | | |
|---|---|---|---|
| Date 3-2-2006 | Full name of contributor out of state PAC ID# _____ Edwin Friedrichs | Amount of contribution (\$) \$250.00 | In-kind contribution description (if available) |
| | Contributor address; City, state, zip code [REDACTED] | | |
| Principal occupation Job title (See Instructions) Engineer | | Employer (See Instructions) Walter P. Moore and Associates, Inc. | |

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|---|---|---|---|
| Date 3-2-2006 | Full name of contributor out of state PAC ID# _____ PAC of Winstead, Sechrest & Minick | Amount of contribution (\$) \$1,000.00 | In-kind contribution description (if available) |
| | Contributor address; City, state, zip code [REDACTED] | | |
| Principal occupation Job title (See Instructions) | | Employer (See Instructions) | |

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|---|--|---|---|
| Date 3-2-2006 | Full name of contributor out of state PAC ID# _____ Bellchester, L.P. | Amount of contribution (\$) \$300.00 | In-kind contribution description (if available) |
| | Contributor address; City, state, zip code [REDACTED] | | |
| Principal occupation Job title (See Instructions) | | Employer (See Instructions) | |

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|---|--|---|---|
| Date 3-2-2006 | Full name of contributor out of state PAC ID# _____ Election Fund of Joe Pennacchio | Amount of contribution (\$) \$100.00 | In-kind contribution description (if available) |
| | Contributor address; City, state, zip code [REDACTED] | | |
| Principal occupation Job title (See Instructions) | | Employer (See Instructions) | |

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|---|--|--|---|
| Date 3-2-2006 | Full name of contributor out of state PAC ID# _____ Karim Dhukani | Amount of contribution (\$) \$250.00 | In-kind contribution description (if available) |
| | Contributor address; City, state, zip code [REDACTED] | | |
| Principal occupation Job title (See Instructions) Business | | Employer (See Instructions) W & J Investment Inc. | |

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

| | |
|---|---|
| The Instruction Guide explains how to complete this form. | Total pages this Schedule A: pg 8 of 9 |
| FILER NAME: MJ Khan | ACCOUNT # (Ethics Commission filers) |

| | | | |
|--|---|--|---|
| Date 3-2-2006 | Full name of contributor out of state PAC ID# | Amount of contribution (\$) \$250.00 | In-kind contribution description (if available) |
| | Saleem Chranya | | |
| | Contributor address; City, state, zip code | | |
| | [REDACTED ADDRESS] | | |
| Principal occupation Job title (See Instructions) Real estate development | | Employer (See Instructions) Danish Investment Corp. | |

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|---|---|---|---|
| Date 3-2-2006 | Full name of contributor out of state PAC ID# | Amount of contribution (\$) \$25.00 | In-kind contribution description (if available) |
| | Michael Copland | | |
| | Contributor address; City, state, zip code | | |
| | [REDACTED ADDRESS] | | |
| Principal occupation Job title (See Instructions) | | Employer (See Instructions) Copland/Hensley & Associates | |

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|---|---|---|---|
| Date 3-2-2006 | Full name of contributor out of state PAC ID# | Amount of contribution (\$) \$500.00 | In-kind contribution description (if available) |
| | Locke Liddell & Sapp, LLP | | |
| | Contributor address; City, state, zip code | | |
| | [REDACTED ADDRESS] | | |
| Principal occupation Job title (See Instructions) | | Employer (See Instructions) | |


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|---|---|---|---|
| Date 3-3-2006 | Full name of contributor out of state PAC ID# | Amount of contribution (\$) \$250.00 | In-kind contribution description (if available) |
| | Tanju Obut | | |
| | Contributor address; City, state, zip code | | |
| | [REDACTED ADDRESS] | | |
| Principal occupation Job title (See Instructions) Engineer | | Employer (See Instructions) Apache Petroleum | |

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|---|---|---|---|
| Date 3-4-2006 | Full name of contributor out of state PAC ID# | Amount of contribution (\$) \$1,000.00 | In-kind contribution description (if available) |
| | Allen Boone Humpries Robinson LLP | | |
| | Contributor address; City, state, zip code | | |
| | [REDACTED ADDRESS] | | |
| Principal occupation Job title (See Instructions) | | Employer (See Instructions) | |

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

| | |
|---|---|
| The Instruction Guide explains how to complete this form. | Total pages this Schedule A: pg 9 of 9 |
| FILER NAME: MJ Khan | ACCOUNT # (Ethics Commission filers) |

| | | | |
|---|---|--|--|
| Date 3-4-2006 | Full name of contributor out of state PAC ID# HAA Better Government Fund | Amount of contribution (\$) \$500.00 | In-kind contribution description (if available) |
| | Contributor address; City, state, zip code  | | |
| Principal occupation Job title (See Instructions) | | Employer (See Instructions) | |

POLITICAL EXPENDITURES**SCHEDULE F**

| | | |
|---|--|---------------------------------------|
| The Instruction Guide explains how to complete this form. | | Total pages Schedule F: 1 of 6 |
| FILER NAME: MJ Khan | | ACCOUNT #: (Ethics Commission filers) |

| | | |
|--|--|---|
| Date 1/3/2006 | Payee name Payee address Five Star Merchant Services P. O. Box 6600 Hagerstown, MD 21740 | Amount (\$) \$59.90 |
| Purpose of expenditure (See instructions regarding type of information required.) CC Equipment Rental & Fee | | ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held |

| | | |
|---|--|---|
| Date 1/6/2006 | Payee name Payee address Bayou Preservation Association P. O. Box 131563 Houston, TX 77219 | Amount (\$) \$35.00 |
| Purpose of expenditure (See instructions regarding type of information required.) Donation | | ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held |

| | | |
|---|---|---|
| Date 1/6/2006 | Payee name Payee address City Slickers Soccer 13219 Sky View Green Dr Houston, TX 77047 | Amount (\$) \$50.00 |
| Purpose of expenditure (See instructions regarding type of information required.) Donation | | ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held |

| | | |
|---|--|---|
| Date 1/6/2006 | Payee name Payee address Rutherford B H Yates Museum Inc. P. O. Box 130726 Houston, TX 77219 | Amount (\$) \$50.00 |
| Purpose of expenditure (See instructions regarding type of information required.) Donation | | ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held |

| | | |
|--|--|---|
| Date 1/6/2006 | Payee name Payee address ACORN 2600 South Loop West #271 Houston, TX 77054 | Amount (\$) \$200.00 |
| Purpose of expenditure (See instructions regarding type of information required.) Event Sponsorship | | ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held |

POLITICAL EXPENDITURES

SCHEDULE F

| | | |
|---|--|---------------------------------------|
| The Instruction Guide explains how to complete this form. | | Total pages Schedule F: 2 of 6 |
| FILER NAME: MJ Khan | | ACCOUNT #: (Ethics Commission Filers) |

| | | |
|--|---|---|
| Date 1/6/2006 | Payee name Payee address Pakistan American Council of Texas 9494 S. W. Frwy, #350 Houston, TX 77074 | Amount (\$) \$250.00 |
| Purpose of expenditure (See instructions regarding type of information required.) Event Sponsorship | | ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held |

| | | |
|--|--|---|
| Date 1/6/2006 | Payee name Payee address Hilton Southwest 6780 Southwest Frwy. Houston, TX 77074 | Amount (\$) \$500.00 |
| Purpose of expenditure (See instructions regarding type of information required.) Leadership Luncheon | | ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held |

| | | |
|---|---|---|
| Date 1/13/2006 | Payee name Payee address Nada Elsayed 7675 Phoenix Drive #625 Houston, TX 77030 | Amount (\$) \$275.00 |
| Purpose of expenditure (See instructions regarding type of information required.) Reimb for council reception expenses | | ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held |

| | | |
|--|---|---|
| Date 1/16/2006 | Payee name Payee address Copy N Sign 12220 Murphy Rd Suite R Stafford, TX 77477 | Amount (\$) \$681.98 |
| Purpose of expenditure (See instructions regarding type of information required.) Banners | | ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held |

| | | |
|--|--|---|
| Date 1/17/2006 | Payee name Payee address Reliant Energy P. O. Box 650475 Dallas, TX 75265-0475 | Amount (\$) \$432.85 |
| Purpose of expenditure (See instructions regarding type of information required.) Utilities | | ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held |

POLITICAL EXPENDITURES**SCHEDULE F**

| | | |
|---|--|---------------------------------------|
| The Instruction Guide explains how to complete this form. | | Total pages Schedule F: 3 of 6 |
| FILER NAME: MJ Khan | | ACCOUNT #: (Ethics Commission filers) |

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| Date 2/1/2006 | Payee name Payee address Collector Dart & DiCampi CPA 3000 RICHMOND AVENUE SUITE 2 Houston, TX 77098 | Amount (\$) \$750.00 |
| Purpose of expenditure (See instructions regarding type of information required.) Accounting | | ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held |

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| Date 2/3/2006 | Payee name Payee address Five Star Merchant Services P. O. Box 6600 Hagerstown, MD 21740 | Amount (\$) \$59.90 |
| Purpose of expenditure (See instructions regarding type of information required.) CC Equipment Rental & Fee | | ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held |

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| Date 2/6/2006 | Payee name Payee address Hilton Southwest 6780 Southwest Frwy. Houston, TX 77074 | Amount (\$) \$1,622.60 |
| Purpose of expenditure (See instructions regarding type of information required.) Leadership Luncheon | | ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held |

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|---|---|---|
| Date 2/8/2006 | Payee name Payee address Breakfast Club 3711 Travis Houston, TX 77002 | Amount (\$) \$443.44 |
| Purpose of expenditure (See instructions regarding type of information required.) Council breakfast expenses | | ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held |

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|--|--|---|
| Date 2/20/2006 | Payee name Payee address Abbot's 7070 W 43rd St #101 Houston, TX 77092 | Amount (\$) \$351.00 |
| Purpose of expenditure (See instructions regarding type of information required.) Postage and mail processing fee | | ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held |

POLITICAL EXPENDITURES

SCHEDULE F

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|---|---------------------------------------|
| The Instruction Guide explains how to complete this form. | Total pages Schedule F: 4 of 6 |
| FILER NAME: MJ Khan | ACCOUNT #: (Ethics Commission filers) |

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|-------------------|--|-------------------------|
| Date 2/20/2006 | Payee name Payee address LEEDY Graphics 17101 Kuykendahl, Ste. 210 Houston, TX 77068 | Amount (\$) \$958.01 |
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| Purpose of expenditure (See instructions regarding type of information required.) Printing | ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held |
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| Date 2/27/2006 | Payee name Payee address Pizza Hut 6605 S Gessner Dr Houston, TX 77036 | Amount (\$) \$121.93 |
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| Purpose of expenditure (See instructions regarding type of information required.) Dist F CIP Mtg expenses | ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held |
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| Date 3/2/2006 | Payee name Payee address La Griglia 2002 W. Gray Houston, TX 77007 | Amount (\$) \$371.12 |
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| Purpose of expenditure (See instructions regarding type of information required.) Campaign reception | ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held |
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| Date 3/6/2006 | Payee name Payee address Five Star Merchant Services P. O. Box 6600 Hagerstown, MD 21740 | Amount (\$) \$59.90 |
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| Purpose of expenditure (See instructions regarding type of information required.) CC Equipment Rental & Fee | ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held |
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| Date 3/8/2006 | Payee name Payee address Daughters of Liberty 10670 Northbrook Houston, TX 77043 | Amount (\$) \$40.00 |
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| Purpose of expenditure (See instructions regarding type of information required.) Contribution/Dinner | ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held |
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POLITICAL EXPENDITURES

SCHEDULE F

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| The Instruction Guide explains how to complete this form. | | Total pages Schedule F: 5 of 6 |
| FILER NAME: MJ Khan | | ACCOUNT #: (Ethics Commission filers) |

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|---|--|---|
| Date 3/8/2006 | Payee name Payee address NE Community Development Corp 7400 N. Wayside Houston, TX 77028 | Amount (\$) \$50.00 |
| Purpose of expenditure (See instructions regarding type of information required.) Donation | | ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held |

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|---|--|---|
| Date 3/8/2006 | Payee name Payee address Shahnai Restaurant 5920-D Hillcroft Houston, TX 77036 | Amount (\$) \$2,500.00 |
| Purpose of expenditure (See instructions regarding type of information required.) Election Night reception | | ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held |

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|---|---|---|
| Date 3/8/2006 | Payee name Payee address Walden & Associates 55 Waugh Dr., Ste. 515 Houston, TX 77007 | Amount (\$) \$5,000.00 |
| Purpose of expenditure (See instructions regarding type of information required.) Fundraising consulting fee | | ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held |

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|--|---|---|
| Date 3/10/2006 | Payee name Payee address Post Master 401 Franklin Houston, TX 77002 | Amount (\$) \$368.00 |
| Purpose of expenditure (See instructions regarding type of information required.) P.O. Box Rent | | ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held |

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| Date 4/3/2006 | Payee name Payee address Five Star Merchant Services P. O. Box 6600 Hagerstown, MD 21740 | Amount (\$) \$94.90 |
| Purpose of expenditure (See instructions regarding type of information required.) CC Equipment Rental & Fee | | ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held |

POLITICAL EXPENDITURES**SCHEDULE F**

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| The Instruction Guide explains how to complete this form. | Total pages Schedule F: 6 of 6 |
| FILER NAME: MJ Khan | ACCOUNT #: (Ethics Commission filers) |

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| Date 4/27/2006 | Payee name Payee address LULAC 5207 Airline Dr # 102 Houston, TX | Amount (\$) \$125.00 |
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| Purpose of expenditure (See instructions regarding type of information required.) Donation | ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held |
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| Date 5/3/2006 | Payee name Payee address Five Star Merchant Services P. O. Box 6600 Hagerstown, MD 21740 | Amount (\$) \$94.90 |
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| Purpose of expenditure (See instructions regarding type of information required.) CC Equipment Rental & Fee | ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held |
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|-------------------|--|---------------------------|
| Date 5/20/2006 | Payee name Payee address Pakistan American Council of Texas (PACT) 9494 S. W. Frwy, #350 Houston, TX 77074 | Amount (\$) \$1,000.00 |
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| Purpose of expenditure (See instructions regarding type of information required.) Donation | ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held |
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|------------------|--|------------------------|
| Date 6/5/2006 | Payee name Payee address Five Star Merchant Services P. O. Box 6600 Hagerstown, MD 21740 | Amount (\$) \$94.90 |
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| Purpose of expenditure (See instructions regarding type of information required.) CC Equipment Rental & Fee | ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held |
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